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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

**Benjamin R. Clifton and John P. Fogarty**

Application No. 09/877,546

Filed: June 8, 2001

For: **IMAGE PROJECTION SYSTEM IMPLEMENTED  
WITH AN OPTICAL DEVICE DIRECTING  
POLYCHROMATIC LIGHT AT AN OPTIMAL  
ANGLE OF INCIDENCE ON A LIQUID CRYSTAL  
DISPLAY (as amended)**

Group Art Unit: 2871

Examiner: Andrew M. Schechter

Date: February 9, 2005

Confirmation No. 9816

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Date: February 9, 2005

Connie English

TRANSMITTAL LETTER

TO THE COMMISSIONER FOR PATENTS:

Enclosed for filing in the above-referenced application are the following:

- ☒ Fee Transmittal in duplicate
- ☒ Amendment
- ☒ Patent Application Fee Determination Record (two pages)
- ☒ Petition for Extension of Time (two months)
- ☒ Check for \$225.00
- ☒ Return receipt postcard

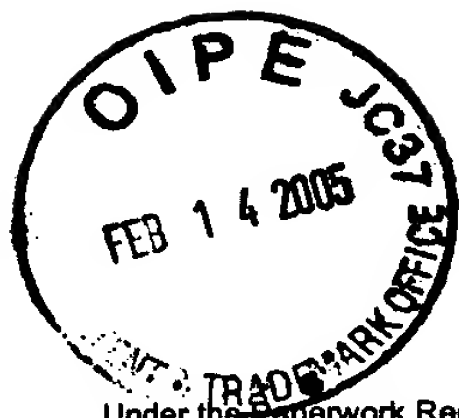
The Commissioner is hereby authorized to charge any additional fees which may be required in connection with filing of these papers, or credit overpayment, to Account No. 19-4455.

Respectfully submitted,

**Benjamin R. Clifton and John P. Fogarty**

By Paul S. Angello  
Paul S. Angello  
Registration No. 30,991

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Attorney Docket No. 26071/12:1



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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 225.00

## Complete If Known

Application Number	09/877,546
Filing Date	June 8, 2001
First Named Inventor	Benjamin R. Clifton
Examiner Name	Andrew M. Schechter
Art Unit	2871
Attorney Docket No.	26071/12:1

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 19-4455 Deposit Account Name: Steel Rives LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Extension of Time (two months)

Fees Paid (\$)

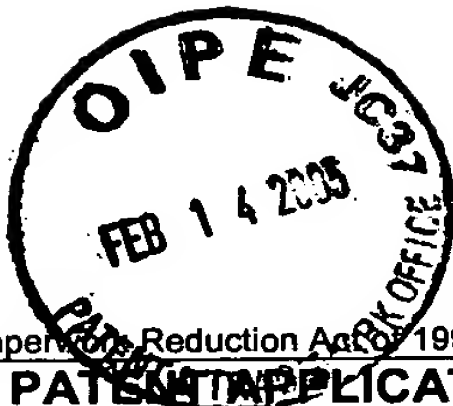
\$225.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 30,991	Telephone 503-224-3380
Name (Print/Type)	Paul S. Angello		Date February 9, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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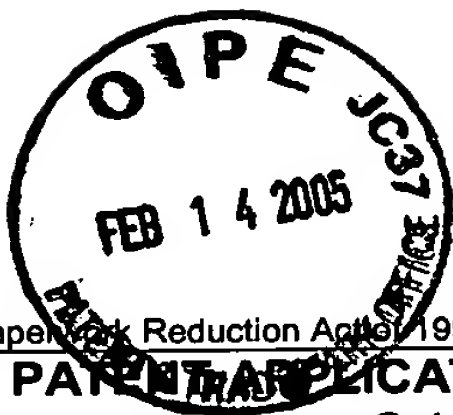


Equivalent to PTO/SB/06 (08-03)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number	
Substitute for Form PTO-875					09/877,546	
<b>CLAIMS AS FILED – PART I</b>					<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)				
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$365	
TOTAL CLAIMS (37 CFR 1.16(c))	30	minus 20 = *	10	x \$9=	90	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = *	0	x \$40=	0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$=	0	
				TOTAL	\$455	
* If the difference in column 1 is less than zero, enter "0" in column 2						
<b>CLAIMS AS AMENDED – PART II</b>					<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	* 32	Minus	** 30	= 2	
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	* 50	Minus	** 32	= 18	
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 3	= 1	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	* 30	Minus	** 50	= 0	
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 4	= 0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number	
Substitute for Form PTO-875						09/877,546	
CLAIMS AS FILED – PART I						OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		SMALL ENTITY		OR	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	
BASIC FEE (37 CFR 1.16(a))					\$_____	\$_____	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *			x \$_____ =		x \$_____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = *			x \$_____ =		x \$_____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$_____ =		+ \$_____ =	
				TOTAL		TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED – PART II						OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
AMENDMENT D	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE
	Total (37 CFR 1.16(c))	* 16	Minus	** 50	= 0	x \$25=	0
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 4	= 0	x \$100=	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$_____ =	0	+ \$_____ =
				TOTAL ADD'L FEE	\$0	TOTAL ADD'L FEE	
AMENDMENT E	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$_____ =	x \$_____ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$_____ =	x \$_____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$_____ =		+ \$_____ =
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	
AMENDMENT F	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$_____ =	x \$_____ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$_____ =	x \$_____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$_____ =		+ \$_____ =
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

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